



1915 (b)/(c) Medicaid Waivers



1

DHHS Waiver Advisory Committee, January 24, 2012

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DHHS Goals for Implementing 1915 b/c Waivers

2

1. Improve access to MH/DD/SA Services
2. Improve quality of MH/DD/SA Services
3. Improve health & life outcomes for people receiving MH/DD/SA Services
4. Improve access to primary care for individuals with mental health and substance abuse issues and individuals with intellectual & developmental disabilities
5. Manage costs; maximize funding

How Does a Medicaid Waiver Work?

3

- ❑ DMA (Medicaid) applies to 'waive' certain Medicaid rules = CMS (Centers for Medicare & Medicaid) grants 1915b/c waivers
- ❑ The (b) waiver allows DMA to enroll Medicaid recipients into a managed care plan
- ❑ The (c) waiver allows DMA to offer Home and Community Based Services (HCBS) like habilitation & supports
- ❑ DMA then contracts with LME-MCOs to operate "Mini Medicaid Programs" for mh/sa/dd services in their counties
- ❑ DMA monitors the LME-MCOs to make sure that they follow all Medicaid rules
- ❑ CMS monitors DMA

What does the LME-MCO do for Medicaid?

4

- ❑ Customer Support & education to all enrollees (website, mail, seminars)
- ❑ Provider network development, community resource development
- ❑ Make sure consumers with greatest need get connected to providers and have treatment plans (Care Coordination)
- ❑ Authorize “medically necessary” services
- ❑ Pay for those mh/sa/dd services
- ❑ Meet performance standards; have quality improvement projects
- ❑ Due Process: grievance, reconsiderations, State Fair Hearing
- ❑ Coordinate care with the HealthHome (CCNC)

Monitoring LME-MCOs (Levels of Accountability)

5

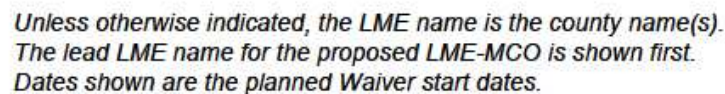
- ❑ **CMS approves a “Continuous Quality Improvement Strategy”**
- ❑ DMA contract manager: day-to-day
- ❑ Intradepartmental Monitoring Team (IMT): DMA & DMHDDSAS
- ❑ External Quality Review Vendor (EQRO)
- ❑ Annual Review Team (Mercer & IMT)
- ❑ DWAC: State Advisory Group
- ❑ Annual consumer & provider surveys
- ❑ CFAC, provider councils
- ❑ Accrediting bodies
- ❑ Centers for Medicare & Medicaid (CMS)
- ❑ NC General Assembly

Monitoring LME-MCOs (Activities)


6

- ❑ Intradepartmental Monitoring Team (IMT)
 - ❑ Monthly meetings measuring implementation progress
 - ❑ Two on-site readiness reviews (IMT & Mercer)
 - ❑ On-going quarterly monitoring of performance measures & projects, financial reports, results of EQRO & annual reviews, consumer/provider surveys
- ❑ External Quality Review Vendor (EQRO)
 - ❑ Adherence to DMA contract
 - ❑ Validation of LME-MCO data collection & reporting
- ❑ Annual on-site review of any areas of operation
 - ❑ IMT & Mercer
- ❑ DMA reports annual performance to CMS

7



Reflects plans as of October 2011



**What do DWAC members & stakeholders
want to know?**